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ABSTRACT

Although stressful life change events are thought to influence the development of alcoholism and to enhance the probability of relapse after treatment, the actual coping responses to specific events among alcoholics remain largely unexplored. Efforts were made to operationalize and classify coping responses and to explore their relationship to treatment outcome in a comparison of recovered alcoholics (N=42), relapsed alcoholics (N=57) and matched community controls (N=89). Comparisons of coping were made after controlling for demographic characteristics, incidence of negative life change events in the past year, the stresses being coped with, and prior levels of functioning (alcohol consumption, emotional and psychosomatic distress). There were no differences between recovered alcoholics and control subjects. Relapsed alcoholics reported using more avoidance and emotion-focused coping responses. The coping responses were also predictive of posttreatment functioning after controlling for the research variables. Results suggest the importance of coping responses to stress in the process of recovery from alcoholism. (Author/NRB)

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Recovering from Alcoholism:

The Role of Coping with Stressful Events

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ABSTRACT

Recovered and relapsed alcoholic patients were followed two years after residential treatment and were compared with sociodemographically matched community controls on their coping responses to stressful events. Comparisons of coping were made after controlling for demographic characteristics, incidence of negative life change events in the past year, the stressor being coped with, and prior levels of functioning (alcohol comsumption, emotional and psychosomatic distress). In general, there were no differences between recovered alcoholics and controls. However, relapsed alcoholics reported using more avoidance and emotion-focused coping responses. These coping responses were also predictive of posttreatment functioning after controlling for the variables described above. Discussion focuses on the relevance of the findings to clinical applications and an understanding of diverse treatment approaches.

Stressful life change events are thought to influence the development of alcoholism and to enhance the probability of relapse after treatment (Litman et al., 1977). Alcoholics and serious problem-drinkers report a higher incidence of negative life change events than do comparison populations (Hoffman & Noem, 1975; Mules et al., 1977; Sadava et al., 1978). Although the increased incidence of such events places alcoholics at high-risk for relapse (Hore, 1971; Morrissey & Schuckit, 1978), many patients who experience stressful events are able to remain abstinent or control their drinking. One factor which may act as a moderator of the effects of such events is how well the individual copes with them.

Drinking has often been viewed as a coping response which increases perceived task-related performance, sociability, and dominance and reduces or modifies unpleasant stress-related emotional states (Bell et al., 1977; Rohan et al., 1975). However, reliance on abusive drinking may be due to the relative inadequacy of alternate coping responses in the alcoholic's behavioral repetoire. Although studies of traits and defense mechanisms suggest that the "alcoholic personality" may be characterized by denial, avoidance, and a low sense of mastery (Barnes, 1979; O'Leary et al., 1977), the actual coping responses to specific events among alcoholics, or nonalcoholics for that matter, remain largely unexplored. This paper summarizes our efforts to operationalize and classify coping responses and to explore their relationship to treatment outcome in a comparison of (a) recovered alcoholics, (b) relapsed alcoholics and (c) matched community controls.

METHOD

Sample

The alcoholics were married patients drawn from a larger sample of persons

who had received residential treatment for alcoholism. Of those patients evaluated at a six-month follow-up, 96% were successfully followed at a two-year interval. Patients were assigned to the recovered group (N=42) if during the two year period they had (1) no rehospitalizations, (2) no inability to work due to drinking, (3) abstained or consumed an average of less than three ounces of 100% ethanol per day and less than five ounces on a typical drinking day, and (4) reported no major problems associated with drinking. Relapsed alcoholics (N=57) were rehospitalized or drank so heavily that they could not be considered recovered moderate drinkers. Sociodemographically matched (age, education, ethnicity, family size) normal community controls (N=89) obtained for each patient were combined into a single group since there were no significant differences between matches for the relapsed and recovered alcoholics.

Coping Responses

Respondents selected a recent personal crisis or stressful life event and then answered the Coping Inventory, which consists of 27 "yes-no" items pertaining to specific responses they made to this event. These items were drawn from an earlier inventory (Sidle et al., 1969) and review of the literature on coping with a variety of life events (Moos, 1976, 1977). In accordance with previous research (Moos, 1979; Lazarus, 1979) the items were then grouped into two categorization schemes. The Method of Coping included:

a) Active-cognitive (e.g., "Considered several alternatives."),

b) Active-behavioral ("Talked with a friend about the situation."), and

c) Avoidance ("Kept my feelings to myself.").

The Focus of Coping included:

a) Problem-focused ("Tried to find out more about the situation.") and

b) Emotion-focused ("Took my feelings out on others.").

Scores for each coping measure were the percentage of items answered "yes." The coping measures showed adequate internal consistency (Cronbach Alphas, .61 - .81, $\bar{X}$ = .74) and relative independence within categorization schemes (intercorrelat[illegible], .13 - .51, $\bar{X}$ = .27).

RESULTS

To control for prior level of functioning and the possible dependence of the coping measures on other confounding factors (cf Cronkite & Moos, in press; Finney et al., 1979), demographic characteristics, the incidence of negative life events in the past year, the severity (Life Change Units) of the stressors being coped with, and functioning (alcohol consumption, and indices of emotional distress and psychosomatic symptoms measured at the six-month follow-up) were entered as covariates in one-way analyses of covariance for each coping measure.

Although the coping responses of recovered alcoholics did not differ from those of the controls, relapsed alcoholics evidenced greater use of Avoidance and Emotion-focused coping (see Table 1). The effects of the covariates reached significance for the two coping measures which discriminated the comparison groups, indicating that there are some interrelationships between coping, stressors, and levels of functioning. A series of multiple regressions showed that the coping measures also accounted for incremental variance in indices of posttreatment functioning after controlling for the same set of covariates.

Table 1

Comparisons Between Coping Measures for Recovered and Relapsed Alcoholic Patients and Community Controls

Coping Measures	Comparison Group: Community Controls (N=89)	Recovered Alcoholics (N=42)	Relapsed Alcoholics (N=57)	p of Covariates
Method of Coping				
Active-behavioral (% 6 items)	60.7	61.5	71.7	.18
Active-cognitive (% 6 items)	64.7	73.5	70.7	.86
Avoidance (% 5 items)	19.0	13.8	25.2*	< .01
Focus of Coping				
Problem-focused (% 6 items)	67.2	68.8	75.6	.53
Emotion-focused (% 11 items)	39.1	43.6	55.8*	.03

Notes: Means presented are adjusted for covariates.
Results of two tailed, a priori t-test contrasts of recovered and relapsed alcoholics with controls are as shown.

*p < .01

DISCUSSION

Our results suggest the importance of coping responses to stressful events in the process of recovery from alcoholism. The coping responses of recovered alcoholics differed little from those reported by nonalcoholic community controls. In contrast, relapsed alcoholics evidenced greater reliance on Avoidance and Emotion-focused coping. The analyses also support the presence of reciprocal interrelationships between coping, the incidence of stressful events, and levels of functioning. Given our statistical controls, the differences in coping observed between the community controls and the relapsed alcoholics cannot be attributed to differences in their functioning or experience of stressful life events. Although our measures of coping must be considered preliminary, the fact that they accounted for some incremental variance in posttreatment functioning is promising.

Refined interventions directed at modifying a broad spectrum of coping styles and responses of alcoholics is the ultimate clinical application of research in this area. Clinicians usually limit their treatment focus to the ways in which patients cope with immediate precipitants of relapse (Marlatt, 1977) or with specific areas of interpersonal conflict (e.g., marital relationships). Expansion of the current concepts of coping to include a broader range of behaviors and events might serve as a conceptual framework to aid our understanding of the treatment and posttreatment determinants of the recovery process.

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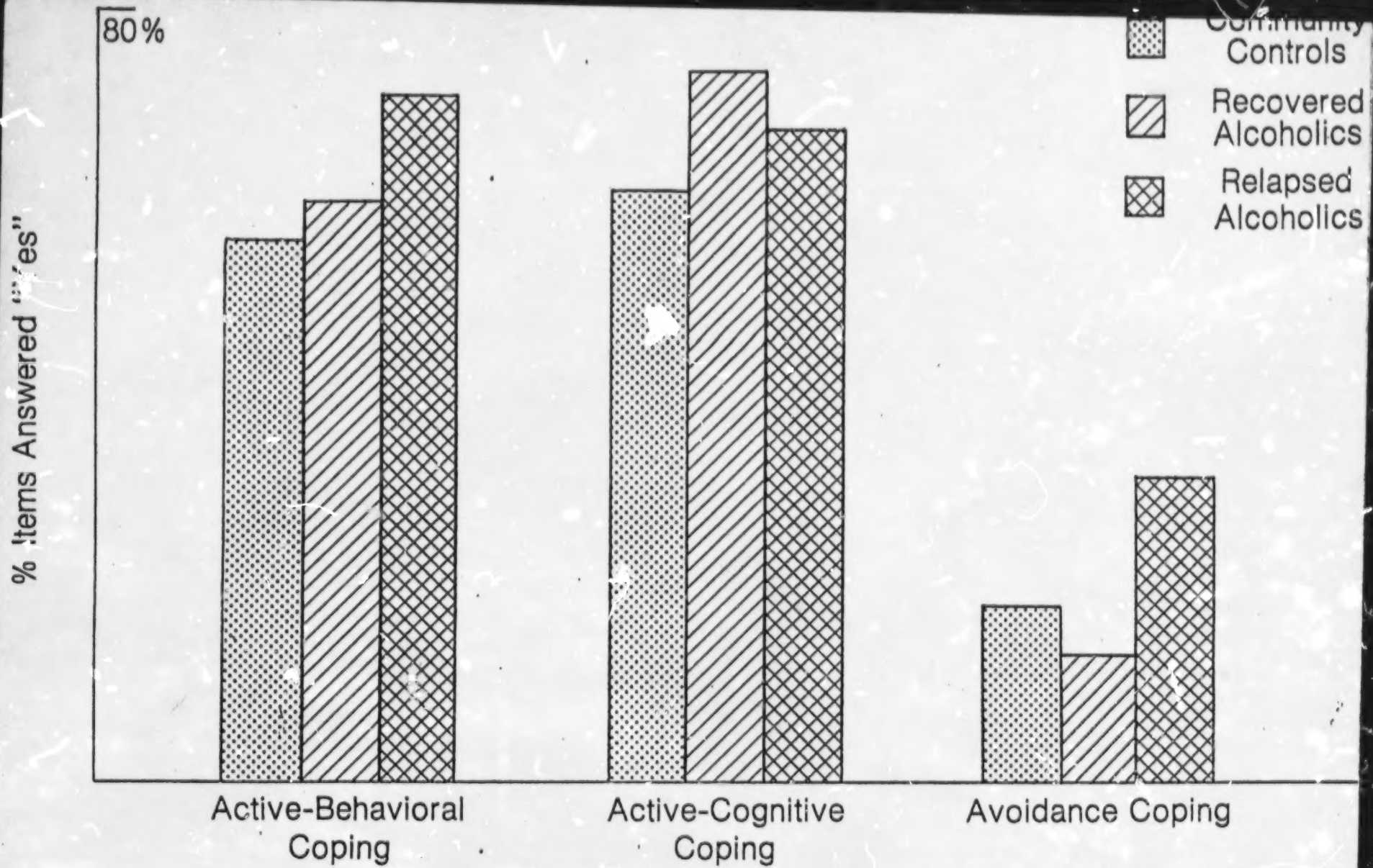

Figure 1. Method of coping comparisons between recovered and relapsed alcoholics and community controls.

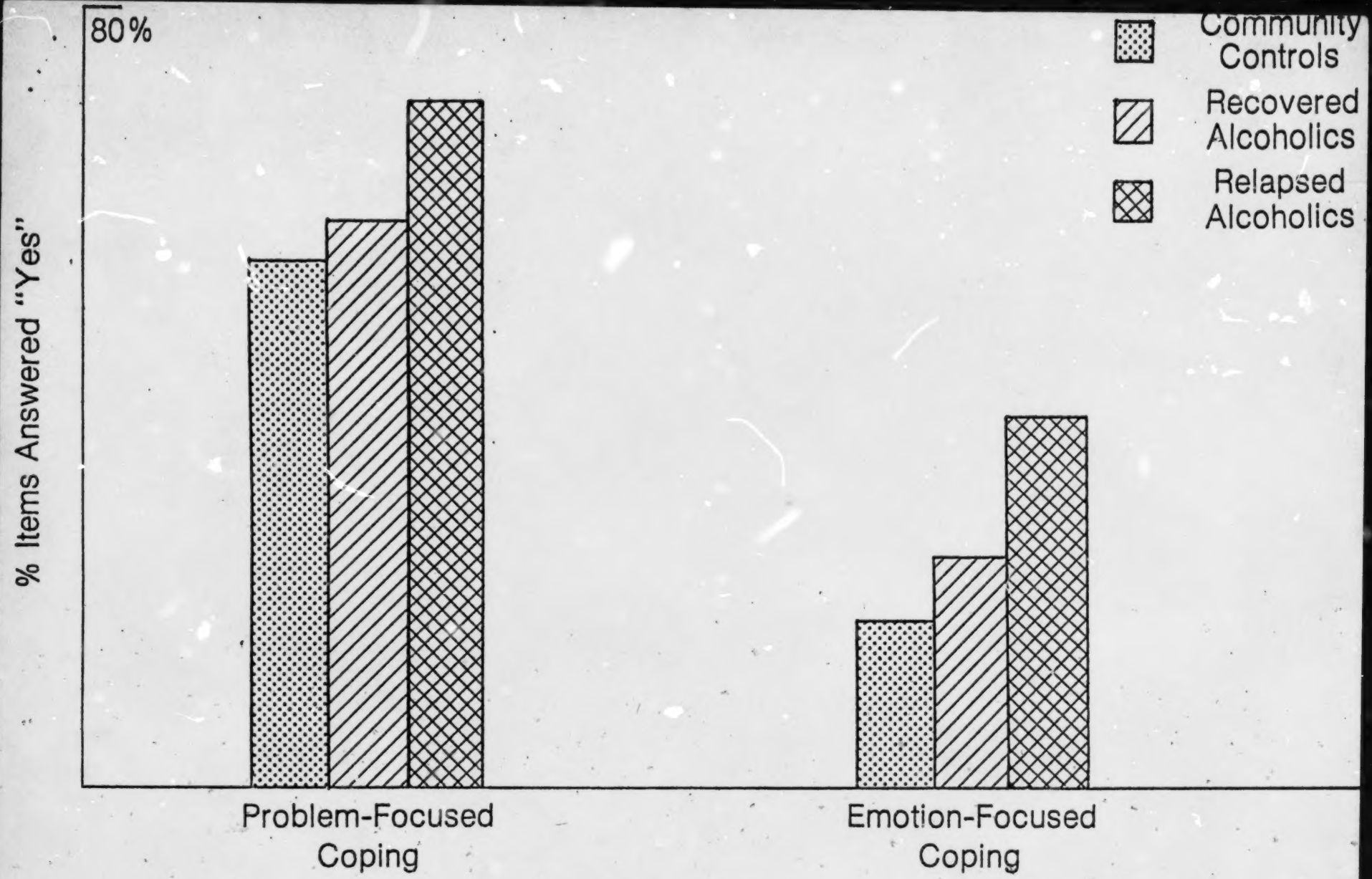

Figure 2. Focus of coping comparisons between recovered and relapsed alcoholics and community controls.

Table 2

Composition of Method and Focus of Coping Measures

	Method of Coping			Focus of Coping	
Coping Items	Active-Cognitive	Active-Behavioral	Avoidance	Problem-Focused	Emotion-Focused
Tried to see positive side.	X				X
Tried to step back from the situation and be more objective.	X				X
Prayed for guidance or strength.	X				X
Took things one step at a time.	X			X	
Considered several alternatives for handling the problem.	X			X	
Drew on my past experiences; I was in a similar situation before.	X			X	
Tried to find out more about the situation.		X		X	
Talked with professional person (e.g., doctor, clergy, lawyer) about the situation.		X		X	
Took some positive action.		X		X	
Talked with spouse or other relative about the problem.		X		X	
Talked with friend about the situation.		X			
Exercised more.		X			X
Prepared for the worst.			X		X
Sometimes took it out on other people when I felt angry or depressed.			X		X
Tried to reduce the tension by eating more.			X		X
Tried to reduce the tension by smoking more.			X		X
Kept my feelings to myself.			X		X
Got busy with other things in order to keep my mind off the problem					X
Didn't worry about it; figured everything would probably work out fine.					X